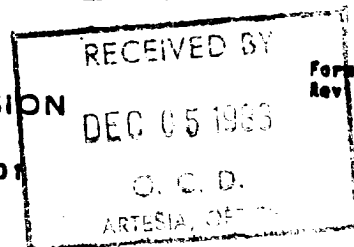


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Exxon Corporation ✓

Address P.O. Box 1600; Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) CASINGHEAD GAS THAT NOT BE
FLARED AT 1-7-84
UNLESS AN EXCEPTION FROM
IS OBTAINED BE M

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE R-7708 10/25/84

Lease Name <u>Yates C Federal</u>	Well No. <u>22</u>	Pool Name, including Formation <u>AVALON Lower</u>	Kind of Lease <u>XXXX Federal XXXX</u>	Lease No. <u>NM-01119</u>
Location <u>Unit Letter Lot 5; 5940</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>21S</u> Range <u>27E</u> , NMPM, Eddy				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183; Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>4</u> Twp. <u>21S</u> Rge. <u>27E</u> Is gas actually connected? <u>Flare</u> When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Resrv. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded <u>7-27-83</u>	Date Compl. Ready to Prod. <u>10-18-83</u>	Total Depth <u>7600'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>3194' GR 3198'</u>	Name of Producing Formation <u>Bone Spring</u>	Top Oil/Gas Pay <u>7265</u>	Tubing Depth <u>7265'</u>					
Perforations <u>7365-7392; 7442-7625</u>	<u>7426-7442</u>	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>605'</u>	<u>975 ex</u>					
<u>11"</u>	<u>8 5/8"</u>	<u>2496'</u>	<u>750 ex</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>7596'</u>	<u>3120 ex</u>					
		<u>DV @ 5106'</u>						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>9-13-83</u>	Date of Test <u>11-16-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size <u>12-9-83</u> <u>Long + BK</u>
Actual Prod. During Test	Oil - Bbls. <u>12</u>	Water - Bbls. <u>2</u>	Gas - MCF <u>56</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mace Knippling
(Signature)

Unit Head

(Title)

December 1, 1983

(Date)

OIL CONSERVATION DIVISION

DEC 07 1983

APPROVED _____, 19 _____

BY Lester A. Clements
Original Signed By

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of conditions.